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MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET						Application Number <i>10/707980</i>	Filing Date
						Applicant(s)	
						* May be used for additional claims or amendments	
CLAIMS	AS FILED		AFTER FIRST AMENDMENT		AFTER SECOND AMENDMENT		<i>3/12/09</i>
	Indep	Depend	Indep	Depend	Indep	Depend	
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